SEP - 7 2011

510(k) Summary PILOT® Spinal System

Submitted By:

Life Spine, Inc.

2401 W. Hassell Road, Suite 1535 Hoffman Estates, IL 60169 Telephone: 847-884-6117

Fax: 847-884-6118

510(k) Contact:

Randy Lewis

Life Spine

2401 W. Hassell Road, Suite 1535

Hoffman Estates, IL 60169 Telephone: 847-884-6117

Fax: 847-884-6118

Date Prepared:

June 17th, 2011

Trade Name:

PILOT Spinal System

Common Name:

Pedicle screw spinal system

Classification:

Class III

Product Code:

NKB, MNH, MNI

Predicate Device:

PILOT Spinal System (K063601), (K083865)

Device Description:

The PILOT® Spinal System consists of an assortment of rods, screws, and bodies in various shapes and sizes. The PILOT® Spinal System side loading bodies are designed to accept either a 5.5mm or 6.35mm diameter rod. The rods are either pre-lordosed or straight.

The proposed modification to the PILOT Spinal System enhances the ease of use of the system by increasing the force transfer efficiency.

The PILOT® Spinal System implant components are made from titanium alloy described by ASTM F136. Stainless steel and titanium implant components must not be used together in a construct. Do not use any of the PILOT® Spinal System components with the components from any other system or manufacturer. The PILOT® Spinal System components should never be reused under any circumstances.

Intended Use of the Device:

Internal fixation implants are load-sharing devices intended to stabilize and maintain alignment until normal healing occurs. Implants are not intended to replace normal body structures or bear the weight of the body in the presence of incomplete bone healing.

The PILOT® Spinal System, when properly used, is intended for posterior pedicle screw fixation of the non-cervical posterior spine in skeletally mature patients. It provides stabilization and immobilization of spinal segments as an adjunct to fusion in the treatment of the following acute and chronic instabilities or deformities.

When used as a posterior spine thoracic/lumbar system, the PILOT® Spinal System is indicated for one or more of the following: (1) degenerative disc disease (is defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies), (2) trauma (i.e. fracture or dislocation), (3) curvatures (scoliosis, kyphosis, and/or lordosis), (4) spinal tumor, (5) failed previous fusion (6) pseudarthrosis, (7) spinal stenosis, (8) spondylolisthesis.

Technological Characteristics:

The PILOT Spinal System is substantially equivalent to the predicate systems in terms of design, materials, indications for use and sizing.

Material:

The PILOT Spinal System is 6AL-4V-ELI titanium manufactured according to ASTM F136. The device is comprised of a variety of non-sterile titanium, single use components.

Performance Data:

Static and fatigue test data in accordance with ASTM F1717 were presented to demonstrate the substantial equivalency of the PILOT Spinal System.



Food and Drug Administration 10903 New Hampshire Avenue Document Control Room –WO66-G609 Silver Spring, MD 20993-0002

SEP - 7 2011

Life Spine, Inc. % Mr. Randy Lewis 2401 West Hassell Road, Suite 1535 Hoffman Estates, Illinois 60169

Re: K111729

Trade/Device Name: PILOT® Spinal System Regulation Number: 21 CFR 888.3070

Regulation Name: Pedicle screw spinal system

Regulatory Class: Class III

Product Code: NKB, MNI, MNH

Dated: August 04, 2011 Received: August 08, 2011

Dear Mr. Lewis:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you; however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must

comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

3 Mark N. Melkerson

Director

Division of Surgical, Orthopedic and Restorative Devices Office of Device Evaluation Center for Devices and Radiological Health

Eil Keith

Enclosure

Indications for Use

| 510(k) number (if known): <u>K111729</u> | |
|---|--|
| Device Name: PILOT® Spinal System | |
| Internal fixation implants are load-sharing devices intended to stabilize and maintain alignment until normal healing occurs. Implants are not intended to replace normal body structures or bear the weight of the body in the presence of incomplete bone healing. | |
| The PILOT® Spinal System, when properly used, is intended for posterior pedicle screw fixation of the non-cervical posterior spine in skeletally mature patients. It provides stabilization and immobilization of spinal segments as an adjunct to fusion in the treatment of the following acute and chronic instabilities or deformities. | |
| When used as a posterior spine thoracic/lumbar system, the PILOT® Spinal System is indicated for one or more of the following: (1) degenerative disc disease (is defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies), (2) trauma (i.e. fracture or dislocation), (3) curvatures (scoliosis, kyphosis, and/or lordosis), (4) spinal tumor, (5) failed previous fusion (6) pseudarthrosis, (7) spinal stenosis, (8) spondylolisthesis. | |
| Prescription Use <u>x</u> And/Or (Part 21 CFR 801 Subpart D) | Over-the-Counter Use(21 CFR 807 Subpart C) |
| (PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED) | |
| | f . |
| (Division Sign Off) | · · |
| (Division Sign-Off) Division of Surgical, Orthopedic, and Restorative Devices | |
| 510(k) Number K111729 | |